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REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 10/518044

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/> Filing			\$ 100							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
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<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 100							
8 TO BE REFUNDED BY:										
<input type="checkbox"/> Treasury Check										
<input checked="" type="checkbox"/> Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input type="checkbox"/> Duplicate Payment	9 <table border="1"><tr><td>0</td><td>3</td><td>--</td><td>1</td><td>9</td><td>5</td><td>2</td></tr></table>		0	3	--	1	9	5	2	
0	3	--	1	9	5	2				
10 REASON:										
11 REFUND REQUESTED BY:										

TYPED/PRINTED NAME: John Anderson

TITLE: Paralegal Specialist

SIGNATURE: John Anderson

PHONE: 308-9140 X 201

OFFICE: PCT DO/EO

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